

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP/WS/TP RES/OD RES/EVA/INV/MV)
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMV 5308R Yr Regn: 18/8/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Jazz c.c. 1318
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 24401 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMGK 3850LS218081
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/55R15
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 31/8/22 D.O.I. 8/9/22
 Survey held at Kah Motor
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-95K</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.E. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) _____
☐ : Interview (\$) _____
☐ : Tech. Invs (\$) _____
☐ : Weekend (\$) _____

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL _____

**KAH MOTOR CO. SDN. BHD.**

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Page 1

Customer : MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877
Registration No : SMU5308R
Chassis No : JHMGK3850LS218081
Model : JAZZ 1.3LXR CVT 20YM (EURO 6)
Owner's Name : SON YONG JU
Ins Policy No. :
Date of Accident : 31/8/2022

Document No. : SQT22002535
Date : 31. Aug 2022
Customer No. : WZF002
Svc Advisor : NG SIN HAI
Engine No : L13B15000858
Date | Time : 31. Aug 2022 6:38:29 PM
Surveyor Name :
Survey Date :
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	7% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: OWNER INSURER: ACC DATE: SURVEYED BY: DATE: REF NO: TP INSURER: TP VEH:						
BOSUN	SUNDRIES	1	110.00	50	110.00	7.70	117.70
BKDR11R	REMOVE & TRANSFER ITEMS TO NEW FR L DR ADJUST	1	650.00		650.00	45.50	695.50
BKDR21R	REMOVE & TRANSFER ITEMS TO NEW RR L DR. ADJUST	1	650.00		650.00	45.50	695.50
BP02R	SPRAY PAINTING ON FR R DOOR & RR R DOOR	590 x 3	2500.00	1560	2500.00	175.00	2675.00
BKDR11K	STRAIGHTEN ALIGN FR AND RR L DOOR.	650	2500.00	1300	2500.00	175.00	2675.00
Sum Labor					6410.00	448.70	6,858.70
76251-T5A-J31YV	SKULLCAP,L.ST / CRM	1	57.30	25	42.97	3.01	45.98
76258-T5A-J32	MIRROR ASSY,L. / BR	1	542.20	25	406.65	28.47	435.12
67050-T5A-U00ZZ	PANEL COMPL.FR.DOOR / 09	1	826.80	25	620.10	43.41	663.51
67364-T5A-003	TAPE SETL.FR.DOOR / AC	1	35.90	25	26.92	1.88	28.80
67550-T5A-N10ZZ	PANEL COMP.L.RR.DOOR / 01	1	768.10	25	576.07	40.32	616.39
67865-T5A-003	TAPEL.RR.DOOR SASH / AC	1	15.40	25	11.55	0.81	12.36
Sum Item					1684.26	117.90	1,802.16

Survey By

Steve (LKK)

Date & Time

8/9/22, 11.00am

Total Amount 8,094.26 566.60 8,660.86

Printed on 31/8/2022 6:47:05 PM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

An amount of \$53.50 (incl GST) will be applicable for the request of the above quotation for estimates above \$2,000.00.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

All quotations and prices are subjected to GST adjustment from 7% to 8% with effect from 1st Jan 2023.



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GST Reg No.: M200050223
Company Ref. No.: S60FC1380G

Customer	: MS FIRST CAPITAL INSURANCE LIMITED	Document No.	: SQT22002535	Page	2
	36 ROBINSON ROAD	Date	: 31. Aug 2022		
	#16-01 CITY HOUSE	Customer No.	: WZF002		
	SINGAPORE 068877	Svc Advisor	: NG SIN HAI		
Registration No	: SMU5308R	Engine No	: L13B15000858		
Chassis No	: JHMGK3850LS218081	Date Time	: 31. Aug 2022 6:38:29 PM		
Model	: JAZZ 1.3LXR CVT 20YM (EURO 6)	Surveyor Name	:		
Owner's Name	: SON YONG JU	Survey Date	:		
Ins Policy No.	:	Authorisation Date	:		
Date of Accident	: 31/8/2022				

Item	Description	Qty	Unit Price	Disc %	Amount	7% GST Amount	Amount incld GST
Excess							
Status							
Signature							
Total (Inclusive of GST)							8,660.86

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Printed on 31/8/2022 6:47:05 PM

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	31/08/2022 18:56 (SGT)
Reported by	Owner
Date of Accident	31/08/2022 08:51 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU5308R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SON YONG JU
Passport No/FIN	GXXXX992U
Email Address	YJSON102@GMAIL.COM
Mobile Phone No	(Phone) +65-89070042
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	PARK JEUNG MIN
Passport No/FIN	GXXXX782T
Date Of Birth	23/01/1979
Occupation	Indoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

04/08/2020
 2 YEARS
 Female
 (Phone) +65-89070042
 -
 YJSON102@GMAIL.COM
 S
 -
 -
 No
 Spouse
 No
 -
 -

Address
 Address comp
 Postcode
 Insurance Comp
 Nature Of Dam
 Details of pr
 No. Of Pa

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SG5802H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver -
 Contact Number -

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-

SKETCH PLAN

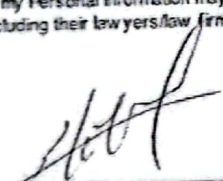
IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.


6. Consent under the Personal Data Protection Act (PDPA)

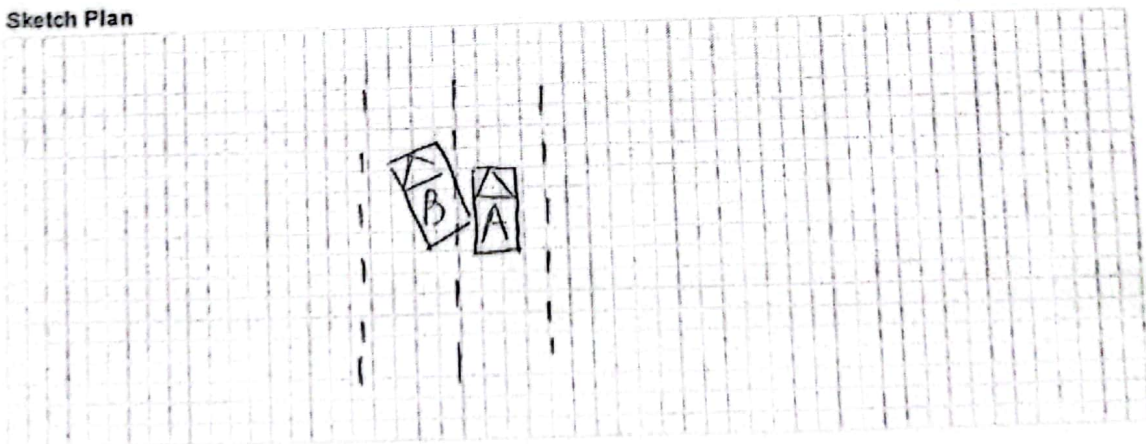
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

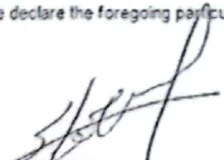
Sketch Plan


Describe Circumstances of the Accident


I was traveling along Upper Bukit Timah Road. Traffic light was red. While waiting for the front traffic to move forward, vehicle B ~~was~~ start to move and change lane to the left. The vehicle B right rear portion ~~was~~ start ^{swing and} to hit onto the left portion of my vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel